

FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/782,955			
Filing Date*	February 23, 2004			
First Named Inventor	Chih-Chung KUO et al			
Group Art Unit	2626			
Examiner Name	D. Godbold			
Attorney Docket No.	KUOC3019/BEU			

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:													
	☐ a. The Amendment/Reply filed on (date): FILED CONCURRENTLY HEREWITH												
		b.	The Informa	tion C	ion Disclosure Statement (IDS) filed on (date):								
		c.	The argume	nts in	nts in the Brief/Reply Brief filed on (date):								
		d.	The pag	e(s) o	e(s) of Form PTO-1449 and copy of each listed document filed (date):								
		e.	Other:										
	2.	2. A month Petition for Extension of Time is filed herewith.											
	 The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. 												
Ø	4.	A c	heck in the a	amou	nt of \$810 is submitted	i herewith.							
	5.	5. This Request is transmitted by facsimile to number (703)											
	6. Other:												
		THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee:											
-			THE P	e ee	E IS CALCULATED AS	FOLLOWS:	. – –	Basic Fee	\$810.00				
			1	П			aid for) =	Basic Fee:	\$810.00				
Ind		_	Claims:	CE FE	(highest number	previously pa		X \$50 =	\$810.00				
	lepen	dent C	Claims:	П		previously pa	aid for) =		\$810.00				
	lepen	dent C	Claims:	-	(highest number	previously pa	aid for) =	X \$50 = X \$200 =					
	lepen	dent C	Claims: Claims: ce Address:	2	(highest number	previously pa	aid for) = Multiple Do	X \$50 = X \$200 = ependent Claim (add \$360.00):	\$810.00				
Cor	depen	ondend	Claims: Claims: ce Address:	- 2	(highest number (highest number 23364 mer Number	previously pa	aid for) = Multiple Do	X \$50 = X \$200 = ependent Claim (add \$360.00): Subtotal:					
Cor	depen	ondendender	Claims: Claims: Ce Address:	- 2	(highest number (highest number 23364 mer Number	r previously pa	Multiple Do	X \$50 = X \$200 = ependent Claim (add \$360.00): Subtotal: Reduction if Small Entity Status:	\$810.00				
Cor	rrespo	ondend	Claims: Claims: Ce Address: C1 3-683-0500	- 2	(highest number (highest number 23364 mer Number Fax: 703	r previously pa	Multiple Do	X \$50 = X \$200 = ependent Claim (add \$360.00): Subtotal: Reduction if Small Entity Status:	\$810.00 \$810.00				